PTO/SB/06 (12-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number lo 749021 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE (\$) FEE (\$) RATE (\$) FEE (\$) (37 OFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(N), (1), or (m)) EXAMINATION FEE (37 CFR 1.16(0), (p), or (q)) **TOTAL CLAIMS** minus 20 = = (37 CFR 1.16(f)) OR INDEPENDENT CLAIMS minus 3 = x (37 CFR 1.16(h)) х -. If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) RATE (\$) ADDI-ADDI AFTER PREVIOUSLY EXTRA TIONAL TIONAL ENT AMENDMENT PAID FOR FEE (\$) FEE (\$) Total Minus 26 26 (37 CFR 1.1607) OR AMENDA Minus independent (37 CFR 1.18(h)) OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)) OR TOTAL TOTAL ADD'L FEE OR ÆΕ ADD'L (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (\$) RATE (\$) ADDI-ADD1  $\mathbf{\omega}$ **EXTRA** PREVIOUSLY AFTER TIONAL ENDMENT AMENDMENT PAID FOR FEE (\$) EE (\$) Total (37 CFR 1.16(1)) Minus OR Minus æ OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column to the second of the second or independent in the second or in

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retein a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandría, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandría, VA 22313-1450.